Management of Tuberculosis Training for Health Facility Staff

SECOND EDITION

Answer Sheets













WHO Library Cataloguing-in-Publication Data

Management of tuberculosis: training for health facility staff -- 2nd ed.

Contents: Modules: A: Introduction - B: Detect Cases of TB - C: Treat TB Patients - D: Inform Patients about TB - E: Identify and Supervise Community TB Treatment Supporters - F: Manage Drugs and Supplies for TB - G: Ensure Continuation of TB Treatment - H: Monitor TB Case Detection and Treatment - I: TB Infection Control in your Health Facility - J: Field Exercise – Observe TB Management - K: Management of Tuberculosis – Reference Booklet - L: Facilitator Guide - M: Answer Sheets.

1. Tuberculosis, Pulmonary - therapy 2. Health personnel - education 3. Health facilities 4. Teaching materials I. World Health Organization.

ISBN 978 92 4 159873 6 (NLM classification: WF 210)

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Management of Tuberculosis Training for Health Facility Staff Second Edition

ANSWER SHEETS











Acknowledgements

Management of Tuberculosis: Training for Health Facility Staff, 2nd ed.

This second edition of training modules was prepared by the Stop TB Department of the World Health Organization (Geneva, Switzerland) and Patricia Whitesell Shirey of ACT International (Atlanta, GA, USA). The project was coordinated by Karin Bergstrom. Fabio Luelmo and Malgorzata Grzemska were the main technical advisers. The modules were edited by Karen Ciceri. Natacha Barras provided administrative support and coordinated the layout and printing of the modules.

The following organizations contributed to the development of the modules through the Tuberculosis Control Assistance Program (TB-CAP): the American Thoracic Society (ATS), Management Sciences for Health (MSH), the United States Centers for Disease Control and Prevention (CDC), and the KNCV Tuberculosis Foundation.

The original versions of the training modules (published by the World Health Organization in 2003) were field-tested in Malawi through the support of the National Tuberculosis Control Programme of Malawi.

This updated version was tested through the support of the Division of Tuberculosis Elimination of the United States Centers for Disease Control and Prevention.

The United States Agency for International Development financially supported the development of these training modules through its Grant to the World Health Organization and through the sub-agreement to WHO of the Cooperative Agreement with the KNCV Tuberculosis Foundation for the Tuberculosis Control Assistance Program (TB-CAP).

Answers to Exercise B

For answers to Questions 1, 2 and 3, see the completed *Register of TB Suspects* on the next page.

- 4. The next appropriate action that you should take for each TB suspect, based on laboratory results, is:
 - **Anna Abouya:** Inform her that she does not have pulmonary TB and that no treatment is needed.
 - **Nyore Lori:** He has one sputum smear-positive result and therefore has infectious pulmonary TB. He needs treatment for TB.
 - **Kumante Waweru**: Follow up with the laboratory to find out what happened to this suspect's results.
 - **Pooran Singh**: The sputum smear did not show pulmonary TB. However, he has other signs and symptoms compatible with TB (fever, night sweats, weight loss) that make him a TB suspect. Refer him to a clinician for assessment.
 - In addition, strongly recommend HIV testing to him, and explain that the results will be important in determining how to best treat him.
 - **Esna Josephus**: Quickly inform the patient that she has smear-positive pulmonary TB and needs to begin treatment right away.

Facility Veld Health Centre

REGISTER OF TB SUSPECTS

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* (Pos) Positive; (Neg) Negative; (I) Discordant/Inconclusive; (ND) Not Done /unknown. Documented evidence of HIV test performed during or before TB treatment is reported here.

Answers to Exercise A

Case 1: Adesa Abkar

- a) Pulmonary
- b) New
- c) Low
- d) New patient regimen

Case 2: Marcus Marin

- a) Pulmonary
- b) Relapse
- c) Medium
- d) Retreatment regimen

Case 3: Raj Makena

- a) Pulmonary
- b) New
- c) Low
- d) Refer to a clinician for prescription of treatment, because Raj is HIV-positive and already on ART.

Case 4: Janu Nair

- a) Pulmonary
- b) Treatment after default
- c) High (Because he had to purchase the drugs, the treatment is presumed to have been of poor quality.)
- d) Refer to clinician for prescription of treatment because he is Treatment after default with high likelihood of MDR-TB. Treatment should be decided by a clinician.

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Answers to Exercise C

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Answers to Exercise D

PART I

Case 1: Adesa Abkar (New patient regimen)

She should have the next sputum smear examination in the last week of the third month of treatment.

Case 2: Marcus Marin (Retreatment regimen)

He is due for the next sputum smear examination in the last week of the eighth month of treatment (which is the end of his treatment).

Case 3: Raj Makena (New patient regimen)

He is due for the next sputum smear examination in the last week of the fifth month of treatment

Case 4: Janu Nair (Retreatment regimen)

He is due for the next sputum smear examination in the last week of the fifth month of treatment, that is, approximately during the week of 1 April.

PART II

Case 1: Adesa Abkar (New patient regimen)

The health worker should consider this patient a treatment failure because the sputum smear examination after 5 months is positive. The appropriate action is to close the *TB Treatment Card*, record the outcome as "Treatment failure," and collect sputum to send for culture and DST.

Prepare a new *TB Treatment Card*. On the new card, mark the "Type of patient" as "Treatment after failure." Her likelihood of MDR-TB is high. Refer her to a clinician for an MDR-TB regimen.

Case 2: Marcus Marin (Retreatment regimen)

The health worker should have the patient continue treatment until all the tablets are gone. Because the sputum smear examination in the eighth month is negative, the treatment has worked well.

Case 3: Raj Makena (New patient regimen)

The health worker should have the patient complete continuation-phase treatment. Because the sputum smear examination at 5 months is negative, the treatment is working well.

He should get another sputum smear examination in the last week of the sixth month of treatment.

Case 4: Janu Nair (Retreatment regimen)

The appropriate action is to take continuation-phase treatment until it is completed. He should have another sputum smear examination in the last week of the eighth month of treatment.

Answers to Exercise E

Case 1: Adesa Abkar

Treatment outcome Date of decision: 28-1-10 Cure □ Treatment completed □ Died □ Treatment failure □ Default □

Transfer out

Case 2: Marcus Marin

Treatment outcome
Date of decision: 9 -5 - 10
Cure 🗖
Treatment completed
Died □
Treatment failure 🗖
Default <a>D
Transfer out 🗖

Case 3: Raj Makena

Treatment outcome
Date of decision: 5 - 3 - 10
Cure □
Treatment completed 🗖
Died □
Treatment failure 🗖
Default □
Transfer out 🗖

Raj's outcome is not "Cured" because he had no sputum smear examination in the last month of treatment.

Case 4: Janu Nair

Treatment outcome

Date of decision: 25-6-10

Cure

Treatment completed □

Died

Treatment failure

Default

Transfer out

Janu Nair seems to have defaulted. His last treatment was on 25 April. The health worker must wait 2 months to record this outcome, in case the patient comes back.

If, after 2 months (by 25 June), Mr Nair has not come back or been heard from, the outcome "Default" can be recorded. The date of decision would be 25 June.

Possible Answers to Exercise A

1. Possible questions about Mr Akhim's current knowledge of TB include:

What do you understand tuberculosis, or TB, to be? What do you think causes TB? How is it spread? Have you ever known anyone who had TB? What happened to that person? What have you heard about curing TB?

2. Examples of important points for Mr Akhim include:

TB is caused by a germ.

TB spreads when an infected person coughs or sneezes, spraying TB germs into the air. Others may breathe these germs and become infected. Anyone can get TB.

TB can be cured with the right drug treatment. There is usually no need to stay in the hospital. You can live normally at home.

Other important messages are listed on pages 12–14 of the module, which you will read soon. The preceding points are especially important for Mr Akhim, given his wrong beliefs about TB and how it is spread.

Possible Answers to Exercise B

- 1. The participant should have listed two checking questions, such as:
 - What age children should you bring in to be checked for TB?
 - What sign means that adults and older children should be brought to the health facility?
 - What is the reason that I am asking you to bring your family members to the health centre?
- 2. The participant should have listed two checking questions such as:
 - Why is it important to keep coming for treatment?
 - What might happen if you stop coming for treatment?
 - How much longer will you need to come for treatment? How often?

Possible Answers to Exercise E

What would you say or do if?	Possible answers:
A new patient wants to take	Ask why the patient wants to take the drugs at home. If it is very inconvenient to come to the health facility, discuss possible community TB treatment supporters.
the drugs unsupervised at home.	Explain that it is a firm policy to insist on directly-observed treatment. It is the only way to obtain the drugs. It is important for a health worker to see the patient to make sure there no problems with side-effects, etc.
The patient has missed 1 day of treatment.	Find out why the patient missed the dose. Attempt to solve any problems. Remind the patient of the need to take all of the doses for the prescribed time.
The patient does not want to have a sputum examination after 5 months of treatment.	Find out why. Explain the need for the examination. Explain that it is important to be sure that the medicines are working.
The patient says that her husband has a bad cough but does not have time to be tested for TB.	Find out whether the patient has told her husband about her illness. Explain that it is important for him to be tested. He could have TB also; if so, he will spread TB to others and re-infect her. Offer to visit the husband and explain the need for testing.
The patient is afraid to tell her family that she has TB.	Find out why she is afraid. If she fears being turned out of her home, reassure her that, as long as she comes for treatment, her family does not have to know. Offer to talk with the family about TB if acceptable to the patient. Reassure the family that the patient will not be infectious after 2–3 weeks of treatment, as long as she continues treatment. Explain how TB is spread and how it can be prevented.
A family member says that the TB patient cannot stay at home because the children will catch TB.	Same as above, plus: If necessary, help the TB patient find a place to stay temporarily.
The patient questions the need to use condoms since he does not have HIV.	Remind the patient that he could become infected with HIV at any time. He needs to use a condom to protect himself as well as others. If he becomes infected with HIV, it will be harder to be cured of TB.

Suggested Answers to Exercise C

- a) Yes, Mr Kumari has stopped giving treatment on Sundays.
- b) The patient has not gone out of town again.
- c) Yes. Even though today is 18 April, the treatment supporter has ticked the card through 22 April. It is wrong to tick the card before the treatment has been given.
- d) Ask Mr Kumari questions to find out if the drugs are really being given and why he ticked dates that are in the future. Tell Mr Kumari to never tick the card until after administering (directly observing) the treatment. This is very important.
 - Also talk to the patient to find out whether treatment is directly observed and whether the patient is really receiving treatment every day, as the card shows.
- e) Because, by April 22, Mrs Patel will have taken all 56 doses of the initial phase of treatment, she should then begin the continuation phase of treatment. The health worker should give Mr Kumari one month of the continuation-phase drugs. Since the regimen is 3 times weekly, that should be 12 doses of (RH), which is 36 (RH) tablets.

Answers to Exercise A

Tuberc	ulosis Treatm	ent Referral/Transfer	
	(Complete top	oart in triplicate)	
Tick to indicate the reason for this	referral or transfe	er:	
Referral ¹ to register and begin TB treatment	☐ Referra	al for special care ²	or 📈 Transfer³
Date of referral/ transfer /5 Ju	<u>ine</u> 2009		
Name/address of referring/transfe	rring facility		
From sending facility: Mat	urana Hea	1th Centre, M. Gh	andi Rd, 274
Lakari		Sending District_	Kalbit
To receiving facility: <u>Same</u>	arkola Hea	1th Centre	
Block 4, Nehru	Place	Receiving District	Samarkola
Name of patient Tesfage	· Jifar	Age <u>3</u> .	<u>2</u> Sex;
Address of patient (if moving, futu	re address): <u> </u>	aran Du Stree	t 137
·		jamarkola	
Diagnosis: Pulmonary T	B		
(For Transfer) District TB Register	· No. <u>~7-98</u>	Date TB treatment sta	rted: <u>6 March 20</u> 0
TB Treatment Regimen: $2(RH)$	ZE)/4(RH)3	Other (CPT, ART etc):	
Drugs patient is receiving (R)	ampicin 15	mg t Ísoníazíd 15	D mg)
3 tablets 3 day	5 per week	<u> </u>	
Remarks (e.g. side-effects observ	ea).		
Name / signature of person sendir	a the nationt	R Ali Moran	
-	-	during or before TB treatment s	hould be reported
<u></u>			
Return this part to facility that	referred / transf	erred patient as soon as p	atient has reported.
To be completed	by facility receiv	ing referred / transferred	patient
District	Facility		
District TB Register No.		ent	
The above patient reported at this			
Name / signature of person receiv	-		
rame, digitatore of person resort	ing the patient		
Referral is the process of moving a of start of treatment (treatment closs responsible to inform the facility ser	er to patient's home	 The district receiving a "refer 	Register for the purpose red" patient is
 Referral for special care is indicated a clinician or hospital for special care to continue TB treatment. 	ed when the patien	is very sick or has major side	effects and is referred to he original health facility
Transfer is the process of moving be continue his treatment in another are patient is responsible to report the treatment. The district receives the treatment of the project of the patient 1) of the project of the patient.	ea with a different <i>L</i> reatment outcome, : a patient 'transferre	District TB Register. The district after getting the information from the information from the information from the information is responsible for informing the information in the information in the information is responsible for information in the information	t 'transferring-out' a m the district completing g the district sending the

Answers to Exercise A, Questions 1-4

- 1. Contact the Samarkola Health Centre to find out if Mr Jifar has reported for treatment. If not, give the health centre any contact information that you have.
- 2. Contact the Smarkola Health Centre towards the end of September, when Mr Jifar's treatment should be completed. Reasoning:

According to his *TB Treatment Card*, Mr Jifar started the continuation phase in mid-May (13 May 2009). Mr Jifar should have completed his 4 months of the continuation phase in mid-September, but he will not finish until the end of September since he missed 2 weeks of doses after his move.

- 3. "Treatment completed" is the outcome.
- 4. On the back of the original *TB Treatment Card*, the outcome "transfer out" and the date 17 June should be marked out. The date 1 October 2009 should be recorded, and the box for "treatment completed" should be ticked.

Answers to Exercise B

Worksheet 1: Data on TB case detection

Circle the previous quarter: 1 2 3 4 of year: 2009

1a. *3000*

1b. 150

1c. 140

1d. 14

Answers to Exercise C

Worksheet 2: Data on HIV testing and HIV status

2b. 20

2c. 20

2d. 8

2e. 7

Answers to Exercise D

Worksheet 3: Data on TB treatment

Part A	Conversion (for the q	uarter that e	nded 3 m	onths	ago)			
Circle	the quarter that ended	3 months a	go: 1	2	3	(4)	of year:	2008
	d the dates in that quarte					_		
3a. } 3b. }	Already done; 9 treatment put on treatment in 4th q			-posii	tive ca	ises		
3c.	The participant should he new but was a relapse. The files" and not counted	Thus, John M	lasinda's	,			,	,
3d.	8							
3e.	6							
Part B	- Treatment outcomes	(for the qua	rter that e	nded	12 m	onths	s ago)	
	the quarter that ended d the dates in that quarte		_				of year:	2008
3f.	10							
Numbe	er of cases with each out	come:						
3g ² 3j <u>(</u>	Cure Treatment failure	3h. <u>2</u> 3k. <u>1</u>	Treatment Died	t com	plete	d		efault ansfer out

Summary Worksheet A: Indicators to monitor TB case detection and HIV testing

To monitor:	Measure these indicators:	Record time frame:	How to calculate (numerator / denominator) ^b	<u>x</u>	Calculate and record result (%) here:
TB case detection	Proportion of outpatients aged 15 years and over who were identified as TB suspects		Number TB suspects identified (1b) Total outpatients aged 15 years and over (1a)	<u>150</u> 3000	5%
(using data from Register of TB	Proportion of TB suspects whose sputum was examined for TB		Number TB suspects whose sputum was examined (1c) Number TB suspects identified (1b)	<u>140</u> 150	93%
Suspects, compiled on Worksheet 1)	Proportion of TB suspects tested who were sputum smear-positive	previous quarter:	Number smear-positive cases detected (1d) Number TB suspects whose sputum was examined (1c)	<u>14</u> 140	10%
HIV testing and status	Proportion of all TB patients who were tested for HIV before or during TB treatment	quarter, 2009	Number of TB patients tested for HIV (2c) Number of TB patients (2b)	<u>20</u> 20	100%
(Using data from TB Treatment Cards.	Proportion of all HIV-tested TB patients who are HIV positive		Number of HIV-positive TB patients (2d) Number of HIV-tested TB patients (2c)	<u>8</u> 20	40%
compiled on Worksheet 2)	Proportion of all HIV-positive TB patients who are on CPT		Number of HIV-positive TB patients on CPT (2e) Number of HIV-positive TB patients (2d)	<u>7</u> 8	87.5%

^a The time frame applies to the denominator. The persons in the numerator are part of this group.
^b Step numbers in parentheses tell where to find the numerator and denominator on Worksheet 1, 2 or 3.

Summary Worksheet B: Indicators to monitor TB treatment

To monitor:	Measure these indicators:	Record time frame: ^a	How to calculate (numerator / denominator) ^b	<u>x</u>	Calculate and record result (%) here:
TB treatment (using data from Register of TB Suspects and TB Treatment Cards, compiled on Worksheet 3)	Conversion rate: Proportion of new sputum smear-positive TB cases that converted at 2 or 3 months	quarter that ended 3 months ago: 4th quarter, 2008	Number new smear-positive cases that converted at 2 or 3 months (3e) Number new smear-positive cases put on treatment (3d)	<u>6</u> 8	75%
	Treatment outcomes: Proportion of new sputum smear-positive cases that: – were cured	quarter that ended 12 months ago: 1st quarter, 2008	Number new smear-positive cases cured (3g) Number new smear-positive cases put on treatment (3f)	<u>4</u> 10	40%
	completed treatment		Number new smear-positive cases that completed treatment (3h) Number new smear-positive cases put on treatment (3f)	<u>2</u> 10	20%
	– defaulted		Number new smear-positive cases that defaulted (3i) Number new smear-positive cases put on treatment (3f)	<u>2</u> 10	20%
	– were a treatment failure		Number new smear-positive cases that failed treatment (3j) Number new smear-positive cases put on treatment (3f)	<u>0</u> 10	0%
	– died		Number new smear-positive cases that died (3k) Number new smear-positive cases put on treatment (3f)	<u>1</u> 10	10%
	transferred out		Number new smear-positive cases that transferred out (3I) Number new smear-positive cases put on treatment (3f)	<u>1</u> 10	10%

^a The time frame applies to the denominator. The persons in the numerator are part of this group.
^b Step numbers in parentheses tell where to find the numerator and denominator on Worksheet 1, 2 or 3.

Answers to Exercise E, continued

Answers to questions in the module, pages 81–82:

3.a) 140 TB suspects had their sputum tested.93% of TB suspects had their sputum tested.

- b) 20 patients were tested for HIV.40% of the TB patients tested are HIV-positive..88% of the HIV-positive TB patients are on CPT.
- c) In the quarter that ended 3 months ago, <u>8</u> new sputum smear-positive cases were put on treatment. Of these cases, <u>6</u> converted at 2 or 3 months. This means that 75% of the cases converted.
- d) 10 new sputum smear-positive cases were put on treatment.
- e) 4 cases of the 10 were cured. That means that 40% (4/10) were cured.
- f) 2 cases completed treatment. That means that 20% (2/10) completed treatment.
- g) 40% cured + 20% completed = 60% "treatment success"
- h) 2 cases defaulted. That means 20% (2/10) defaulted.

Answers to Exercise F

Part A: Graph

Graph: The final points plotted should be 140 TB suspects tested and 14 sputum smear-positive cases detected.

- 1. The number of TB suspects tested has increased greatly (tripled). The increase could be due to improvements in the following areas:
 - better identifying TB suspects among sick patients,
 - screening all adults attending the facility for cough of more than 2 weeks' duration,
 - collecting sputum samples from TB suspects,
 - being sure to send the sputum samples to the laboratory, and
 - obtaining and recording results of sputum examinations.
- 2. The number of sputum smear-positive cases detected has stayed about the same. The percentage of TB suspects tested who were smear-positive is now in the expected range (14 out of 140, or 10%). Formerly, although fewer TB suspects were tested, a much higher percentage were smear-positive, suggesting that sputum samples were only collected for patients who obviously appeared sick. Since the number of cases detected has not increased with the number of suspects tested, it is possible that health workers were doing a good job "guessing" who had TB.

Another possible explanation is that, by aggressive testing, the health centre is now finding almost all of the smear-positive TB cases in the community; if this is true, the number of cases detected each quarter is not likely to increase. However, cases are probably being detected earlier so that they are less likely to infect others.

Part B: Analysing indicators

1. The last row should show:

The proportion of all TB patients who were tested for HIV before or during TB treatment = 20 out of 20, or 100%

The proportion of all HIV-positive patients who are on CPT = 7 out of 8, or 88%.

- a) Yes, it has reached 100%. The training was successful.
- b) It has not reached 100%, but it has reached the desired level, because the only case who is not on CPT was taken off it because of an allergy to co-trimoxazole.
- c) It could decrease if supplies of co-trimoxazole were insufficient, or if new staff were not trained to provide CPT to HIV-positive TB patients.

- 2. The last row of the table should show that 6 out of 8 cases, or 75%, converted.
 - a) The conversion rate has increased.
 Patient compliance and treatment practices are probably improving.
 - b) The conversion rate has not quite reached the desired level of at least 80%. There may still be some problems with patient compliance or treatment practices.
- 3. a) The proportion of cases cured is higher than the proportion that completed treatment. This suggests that follow-up sputum examinations are being done to prove cures. However, it is important to try harder to do follow-up examinations on all of the cases.
 - b) The proportion that completed treatment plus the proportion cured is 60%. The proportion that defaulted is 20%.
 - c) 20% default is much higher than the desired percentage of less that 5%. Improvements may be needed to ensure that patients do not default, and that outcomes are found for patients who transfer.

Investigate problems related to convenience of treatment and motivation of patients:

- Must TB patients wait to receive treatment?
- Are community treatment supporters used as needed?
- Do patients understand the importance of completing treatment even after they feel better?

Possible Answers to Exercise A

Panola Health Facility Infection Control Procedures

- ✓1. All health workers should wash their hands before and after each patient contact.
- \checkmark 2. The waiting area for sick patients is moved to the outdoor breezeway.
 - 3. The waiting room for well patients and non-infectious patients is still in the front room. The fan in the waiting room should stay in front of the open window to blow fresh air into the room. be placed in a window to pull air out of the health facility and blow it to the outdoors.
 - 4. Persons with HIV are asked to wear masks in the waiting area so that they won't catch TB or other infections. Masks or tissues may be given to others persons who cough who request them to protect themselves from infection to help prevent the spread of infection to others.
- √5. The exhaust fans in the three examination rooms will be maintained in working order and should remain on during the day.
 - 6. Keep all other windows closed open all day, and air out the facility at closing time.
 - 7. Staff should wear masks ensure good ventilation in the room when giving directly-observed treatment to new TB patients.
 - 8. TB suspects should be sent to the toilet outdoors to cough up sputum, not into the hall.
 - 9. HIV-infected persons who are household contacts of a TB patient and do not have TB will be given IPT.
- ✓10. Dispose of all needles in the sharps container.



